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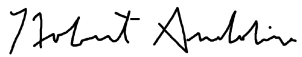
Scales of Healthcare Aid and the Syrian Refugee Crisis in Jordan

A Thesis Submitted to
The Faculty of the College of Arts and Sciences
In Candidacy for the Degree of
Departmental Honors in International Studies and Political Science

By
Mindy Lan Miller

June 2021

This departmental honors thesis by Mindy Miller is approved by:

A handwritten signature in black ink that reads "Robert Andolina". The signature is written in a cursive style with a horizontal line extending from the end.

Dr. Robert Andolina, Instructor

A handwritten signature in black ink that reads "Nova Robinson". The signature is written in a cursive style with a horizontal line extending from the end.

Dr. Nova Robinson, Reader

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Abstract

At the 10-year mark of the Syrian crisis, this paper will analyze humanitarian aid organizations at the international and local levels that deliver healthcare aid to Syrian refugees in Jordan under the broader context of a movement towards aid localization. The paper will begin by examining refugee theory and policy in Jordan's context, the network of humanitarian aid in Jordan, and reports on capacities of healthcare provision to Syrian refugees to defend the crucial role aid organizations play in healthcare provision to Syrian refugees in Jordan. After identifying the need for humanitarian assistance, the paper will draw on interviews with aid organizations and organizational activities to argue for the decentralization of healthcare aid from a camp-based model and UNHCR organizational mandate in order to meet the healthcare needs of urban Syrian refugees in Jordan.

Keywords: Syrian refugees, Jordan refugee policy, humanitarian aid, healthcare aid, scales of aid, aid segmentation, localization.

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I. Introduction

The modern humanitarian aid network prides itself in operating under unique values of ethics and sympathy, contextual definitions of suffering, grand notions of human value, and basic organizational funding and techniques. To address the suffering of the poor, the displaced, and the orphaned, is a process with roots in spirituality and political realities. The well-known humanitarian aid organizations have international reach with war-chests of resources and emergency response plans but are criticized for unwanted interference and imposition of their relative values, otherwise known as political paternalism. Local-level organizations operate according to humanitarian values and ethics but generally lack robust funding compared to international organizations. With the changing nature of global displacement patterns, where refugees are displaced from their home country for unprecedented lengths of time, the modern humanitarian regime as it is today is failing to meet the health needs of refugees. A study of healthcare humanitarian aid in Jordan at the international and local organizational scales will help the global humanitarian network further understand what it takes to address today's global refugee crisis and contribute to long-term developmental solutions to violent conflict.

Jordan's proximity to the Syrian conflict has led to an extraordinary influx of Syrian refugees. Over one million Syrians are estimated to live in Jordan, with only nine percent living in UN High Commissioner for Refugees (UNHCR)-run camps and the rest settling outside of the camp-based humanitarian model (Collier, 2017). The urban governate of Amman has become the most common alternative to camp life-- reflecting a wider global trend of urbanizing refugees into global metropolitan areas (Collier, 2017). Over the past decades, refugees from Syria, Iraq, Palestine, Yemen and Sudan sought asylum in Jordan and now make up around 30 percent of the total population (UNHCR, 2019). The dense refugee population has taken a toll on Jordan's ability to provide healthcare services as the country struggles with resource-scarcity and economic dependency. This paper will begin by examining refugee theory and policy in Jordan's context, the network of humanitarian aid in Jordan, and reports on capacities of healthcare provision to Syrian refugees to defend the crucial role aid organizations play in healthcare provision to Syrian refugees in Jordan. After identifying the need for humanitarian

assistance, the paper will draw on interviews with aid organizations and organizational activities to argue for the decentralization of healthcare aid from a camp-based model and UNHCR organizational mandate in order to meet the healthcare needs of urban Syrian refugees in Jordan.

Healthcare was selected as a key subset of aid because access to health services represents tangible barriers to integration and development. In Jordan, citizens enjoy a selection of public and private healthcare, but as the refugee crisis has gone on, equitable access to healthcare has dwindled because of rising costs and decreased government spending. Healthcare aid by humanitarian organizations seeks to fill this gap and gives a unique insight to the ongoing needs of Syrian refugees in Jordan. Additionally, health is foundational to refugee livelihood and building resilience. An analysis of healthcare aid aptly fits into the ongoing discourse on the shift to long term aid, which will be discussed in the following section.

II. Literature Review

A. The Shift to Long Term Aid

Jordan has served as a haven for different groups fleeing violent conflict throughout history, from the arrival of Palestinian refugees after 1948 and again after 1967, to the acceptance of Iraqi refugees in the wake of the U.S. invasion of Iraq in 2003. Since 2011, there has been an influx of Syrian refugees. As refugee flows in Jordan become protracted, the lines of modern citizenship have become blurred, creating a “pseudo-citizensry,” in which refugees experience an unclear status of belonging and citizenship, with only partial rights and obligations (Hawkins et al., 2019, para. 4). Palestinians have enjoyed citizenship rights in Jordan on par with native Jordanians but have also, beginning in 1988, faced policies that arbitrarily revoke Jordanian citizenship, rendering them stateless (Hawkins et al., 2019). Iraqis in Jordan also experience partial citizenship right primarily based on their socio-economic status. Wealthy Iraqis have been able to purchase residency permits, which afford them access to better work opportunities and public services in Jordan. Meanwhile, Syrians without proper identity documentation (i.e. passports, proof of kinship) can be denied access to services in Jordan (Hawkins et al., 2019). A work permit program specifically targeting Syrian refugees has been

initiated, which helps Syrians find legal work in certain sectors of the Jordanian economy. Furthermore, Syrian refugees in Jordan receive certain forms of basic aid that are not available to refugees from other countries. Sudanese, Somali, and Yemeni refugees, due to their smaller numbers, have not received similar assistance and face additional challenges with racism and harassment, hindering their integration (Hawkins et al., 2019).

As the Syrian refugee crisis hits its 10-year mark, humanitarian agencies are challenged to adapt to the novel nature of extended refugee situations. Those prominent in the discourse surrounding peace and conflict resolution observed the nature of crisis change from needing emergency response (short-term aid) to long-term aid due to the nature of prolonged crises (Milner, 2014). Long-term aid requires the recognition of coherence and complementarity between peace and security efforts, development, human rights and humanitarian work. Writings that emerged after the 2016 World Humanitarian Summit emphasize the need to “rethink the linkages between humanitarian action, development, and peace and security” (Barbelet, 2018, p. 1) in the light of protracted crises.

Humanitarian aid NGOs have a newfound responsibility to not just be the band-aid fix to catastrophe. In fact, recent literature shows how the humanitarian “band-aid” response to crises is increasingly perceived as inaccurate and even undesirable. This movement away from humanitarian action as a band-aid fix is now known as the “humanitarian-development divide,” where humanitarian aid organizations at all scales are supposed to have an understanding of how to respond to crises but also implement programs that contribute to development goals (e.g. healthcare equity) (Debarre, 2018).

B. Issues of Capacities

Past research on the capacity of the Jordanian government reveals the crisis of governance in Jordan illuminated by the influx of Syrian refugees. Through analysis of Jordanian healthcare centers and medical care access of Jordanians and Syrian refugees, it is established that the Jordanian healthcare system is under pressure in terms of both finances and service capacity (Francis, 2015). As a result of these capacity burdens, the refugee crisis has rendered healthcare to be less accessible and more expensive. Research on government capacity leads the way into

the examination of how humanitarian aid might play a role in managing this healthcare gap and at what scales are organizations fit to carry out the proper quality and quantity considering the need from the strained Jordanian government.

The state of literature of humanitarian healthcare aid in Jordan is focused on international aid to refugees, and less so on national and local aid efforts to Syrian refugees. Because of Jordan's long history as a host-country for refugees despite its dwindling national resources, Jordan serves as an opportunity for future research on how a relatively weak state relies on humanitarian aid organizations to fill needs gaps. Much literature has been written on the "indispensable" links between humanitarian action by non-governmental organizations (NGOs) and peace. However, relatively few have been published about the scales of local, national, and international aid organizations within a particular region of interest and their respective contributions. NGOs' unique position as non-government actors puts aid NGOs in a position that has benefits and drawbacks. They contour to context, have a sophisticated system of partnerships, and hold a favorable public opinion. All of these benefits are valuable in Jordan's case. However, literature on the subject has also acknowledged the shortcomings of aid NGOs: they often lack legitimacy in legal frameworks, appropriate funding and efficient management (Ryfman, 2007, p. 22). Their benefits allow aid NGOs to operate with the capacity that government does not have all while their shortcomings leave NGOs vulnerable to warranted criticism.

The ideas presented about the significance of international NGOs will serve as an important framework for determining the scope of actors my thesis will study. As non-government affiliated actors, aid NGOs pride themselves on their ability to carry out the humane duty to alleviate the suffering of vulnerable people in a variety of contexts but this pride leaves much to the imagination about what organizational level, local or international NGOs, the humane duty falls unto the heaviest.

C. Localization

Localization and global-local dynamics have in recent years emerged as major themes across all forms of conflict response. While localization is a contested term, a common theme in

academic and practitioner definitions is “the need to recognize, respect, strengthen, rebalance, recalibrate, reinforce or return some type of ownership or place to local and national actors” (Barbelet, 2018, p. 5). A commitment to the local has long been a mantra in international development and peacebuilding circles, but over the past few years there has been a much louder call for genuine localization in humanitarian policy. In particular, the 2016 World Humanitarian Summit signaled the emergence of localization as a central issue on the international humanitarian agenda. As a result, a unique agreement between some of the largest donors and humanitarian organizations have committed to get more funds into the hands of local organizations to improve effectiveness and efficiency in humanitarian action—this is known as the Grand Bargain.

There are multiple drivers of the trend towards localization. First, the international humanitarian system has been critiqued from a range of perspectives as top-down and Northern-driven, centralized and bureaucratic (Spiegel, 2017), and as low and risk-averse (Healy & Tiller, 2014). And while the humanitarian sector employs an estimated half a million people worldwide—the majority of whom are local staff (Clarke et. Al., 2019)—international staff are disproportionately represented in senior management roles. Research has shown the value of local actors in terms of more effective humanitarian operations due to culturally appropriate local knowledge and effective identification of, and communication with, vulnerable groups within conflict-affected communities (Tanner & Moro, 2016; Ward, 2020).

Second, over the past decade, the spread of conflict reversed the long-term decline in deaths due to armed conflict, leading to a shrinking humanitarian space. With reduced access to conflict zones, “many humanitarian actors are now working at arm’s length through local NGOs or government authorities” (Healy & Tiller, 2014, p. 4)—often subcontracting with little present on the ground or utilizing remote management (Collinson & Elhawary, 2012). In the context of the Syria crisis, the usual “big players” of Western NGOs are no longer dominating the humanitarian landscape, with local and national NGOs far outnumbering them and accounting for a significant proportion of humanitarian aid delivery (Barakat & Milton, 2020, p. 149).

Third, there is an increasing recognition that local NGOs are often the first responders on the frontline of humanitarian crises, and that “their proximity and first-hand knowledge and understanding of their own contexts cannot be matched” (McGoldrick, 2016). Yet, despite this reality, “much that is local and non-western in humanitarian action goes unrecognized” (Donini et. al., 2008, p. 4).

D. Multi-scale Analysis

The emergence of the new angle of “localization” in humanitarian aid implies that research on the topic is far from finished. After reviewing literature about how the humanitarian sector understands its new purpose as actors in long-term aid and development as well as the pressure to localize, it is interesting to find that there is little literature to be found on cross-scale analysis of humanitarian aid between international, national, and local aid organizations. What could be found were perceptions on the capacity of different scales of aid, and this revealed that assessing the capacity is not solely a technical exercise. *It is a political one.* Continued examination of the existing literature on the issue as well as the emergence of new theories of “localization” and the “humanitarian-development divide” will ensure that the politics of aid in Jordan will work in favor of human rights and peace and stability.

III. Research and Findings

A. Research Design & Methodology

This project undertakes a qualitative assessment of humanitarian aid organizations operating in Jordan at the international, national and local levels within the context increasing activism towards aid ‘localization.’ The assessment was undertaken over a six-month period of time between January 2021 and June 2021 and included a series of data collection and analysis exercises. First, a review was conducted to map existing literature on the role of humanitarian organizations within this new context of the localization movement and their broad challenges, needs and priorities as a result of the Syrian refugee crisis. The findings of this review informed the methodology for key informant interviews with four representatives from the Jordan Red Crescent National Society and the International Committee of the Red Cross—local and

international humanitarian aid organizations that have worked in Jordan to respond to the health vulnerabilities of Syrian refugees. Unfortunately, this project does not include interviews with refugee beneficiaries themselves due to travel limitations during the COVID-19 pandemic. However, health needs data from refugee communities will be included in this report. Along with key informants, the project will analyze and assess primary and secondary source documents in the form of program reports and annual organizational plans by 10 aid organizations, as well as research published by scholars that are made available online in order to supplement the limited number of interviews that were able to be conducted. To be clear, this sample is not representative of nonprofits in Jordan. The limited range of data cannot be used to extract generalizable conclusions about the way nonprofits are functioning. The main purpose of this project is to show how my informants, and other organizations based on published evidence, are embedded in the network of humanitarian aid actors in Jordan and how they interact with healthcare need.

Findings from the key informant semi-structured interviews, organizational assessment, and desk research are then used to determine the role, successes and shortcomings humanitarian aid in Jordan. Limitations of the research project include limited resources on local-level aid organizations as well as the potential for response bias. Additionally, current research related to humanitarian aid actors in Jordan is dominated by international organizations. This reality immediately triggers caution in order not to succumb to Eurocentric bias.

B. Context of Healthcare Aid in Jordan

i. Refugee Law and Policy in Jordan

Despite its scarce resources, the Jordanian government has historically accepted refugees from nearby countries and attempts to provide Syrian refugees with health, security, and educational services. Additionally, the government granted land for the construction the UNHCR-run Za'atari and Azraq refugee camps. However, despite its welcoming policy, Jordan lacks a clear legal framework to deal with refugees and asylum seekers, and with the refugee crisis hitting the 10-year mark, the cracks in Jordan's refugee policy are starting to show.

The extent to which the Jordanian government has legal framework regarding refugees can be found in Article 21(1) of the Jordanian Constitution, where it states that, “[p]olitical refugees shall not be extradited on account of their political beliefs or for their defense of liberty” (Saliba, 2016, para. 3). Besides Article 21(1) of the constitution, Jordan has not enacted any legislation that regulates the status of refugees or asylum seekers. Furthermore, Jordan is not a signatory and has not become a party to the 1951 Convention relating to the Status of Refugees or its 1967 Protocol (Saliba, 2016).

In absence of special legislation addressing refugee status in Jordan, refugees and asylum seekers are subject to Law No. 24 of 1973 concerning Residency and Foreigners’ Affairs (Saliba, 2016). The Law applies to all foreigners without distinction between refugees and nonrefugees. Article 10 of the Law gives the Ministry of Interior the authority, based on the recommendation of the general security director, to issue regulations concerning the travel documentation that Jordan may grant to refugees within its borders, but nowhere else can regulations be found that address the conditions under which those refugees can be admitted into the country (Constitution of the Hashemite Kingdom of Jordan, 1952). The Ministry of Interior (Moi) is therefore the delegated governmental institution to address the needs of refugees in Jordan (Law No. 24 Concerning Residents and Foreigners’ Affairs, 1973).

While the Moi is the delegated governmental institution to address refugee movement in Jordan, it is the UNHCR that has taken the responsibility to provide international protection for Syrian refugees in Jordan. This came as a result of the 1998 memorandum of understanding (MoU) between the UNHCR and Jordan. The MoU has become the primary legal framework under which refugees are treated and processed in Jordan and the MoU provides that Jordan accepts the definition of “refugee” contained in the 1951 Convention and the principle of nonrefoulment. Under the MoU, a refugee is granted legal status and the UNHCR will endeavor to find the refugee a durable solution, be it voluntary repatriation to the country of origin or resettlement in a third country. The efforts of the UNHCR in Jordan only go so far. Many refugees choose to not register with the UNHCR and pursue a life outside of a refugee camp where they might enjoy greater autonomy. The lack registration documents bar many urban

refugees from participating in a wide range of humanitarian services led by the UNHCR, and this is where adequate aid to refugees is lacking.

A 2015 report by the International Labor Organization (ILO) confirms the lack of adequate legal protection for refugees in Jordan. Jordan's non-signatory status and the "unresolved Palestinian refugee issue, lack of resources and capacity to provide for refugees, and misinformation about the perceived social and economic burden of refugees and related questions of national security" (International Labor Organization, 2015, p. 11) complicate government-led refugee response. In practice, Jordan avoids the official recognition of refugees under its domestic laws and prefers to refer to Syrian refugees as "visitors," "irregular guests," "Arab brothers," or simply, "guests," all which have no legal meaning under domestic law (International Labor Organization, 2015, p. 12). Unlike Palestinian and Iraqi refugees, Syrians have not been granted citizenship or residency and the lack of legal framework has greatly limited the ability for Syrian refugees to seek lawful employment. UNHCR-registered refugees living in camps receive humanitarian assistance and shelter, but for the majority of refugees residing *outside camps*, this is a greater challenge. Refugees residing outside of camps, or urban refugees, can generally only access government-subsidized primary medical care and schooling but as the refugee crisis carries on, government subsidies and resources for refugees are waning, putting more pressure on humanitarian organizations to fill the gaps.

ii. Syrian Refugee Aid in Jordan – Scales of Aid

The humanitarian aid network in Jordan could be seen as a pyramid, where the few most powerful organizations are at the top and the many lesser-powerful organizations are at the foot. The UNHCR would be located at the peak since as discussed previously, is in mutual agreement with the state of Jordan to run the documentation program, UNHCR camps, and provide other aid like food vouchers, and material items as it carries out its official mandate. International organizations like the International Rescue Committee (IRC), the Red Cross, and Médecins Sans Frontières exist under the UNHCR in the top half of the pyramid. They are generally based in Western countries and often follow the lead of UNHCR goals. Then at the

bottom, there are many national and local organizations where aid is often administered ad hoc and outside the boundaries of a refugee camp.

Outside of the confines of the refugee camps, where the vast majority of Syrian refugees scrape by, the humanitarian system is more complicated. Refugees describe the aid system outside of the camps as, “fractured and difficult to understand” (Dickinson, 2014, p. 36). In theory, UN registration paperwork also gives access to Jordanian government services such as health care and education, but many urban refugee families are constantly searching for the best conditions, moving from town to town, and every time they move, they have to re-register. It can take weeks to renew UN paperwork, leaving families without UN benefits (Dickinson, 2014).

It is at the intersection of UNHCR bureaucratic limitations and refugee needs that non-governmental humanitarian organizations at the international and local levels emerge to spread benefits and services to non-camp refugees in need. International aid organizations like ActionAid, Norwegian Refugee Council, World Vision, Mercy Corps, MSF, Atlantic Humanitarian Relief, Near East Foundation, International Rescue Committee, Save the Children, CARE, and many more provide humanitarian relief to Syrian refugees. National organizations like Jordan Health Aid Society and the Jordanian Hashemite Human Development Fund generally have a broader developmental goals and organizational programming is not limited to Syrian refugees, but also poor Jordanians. Local aid organizations in Jordan like the Jordan Red Crescent National Society (JNRCS) and down to lesser known community-level aid, also known as ‘shadow aid’ run by members of a host-community can be found providing services to Syrian refugees in need in the form of food, cash, and living assistance. The shadow aid system is defined as one that, “operates outside the auspices of any government or official relief agency registered with the Jordanian authorities” (Dickinson, 2014, p. 36). These networks of aid are difficult to quantify due to their unofficial nature, but they are big enough to reshape the humanitarian aid landscape in Jordan. Private local shadow aid charities are described to “work in concentric circles,” when providing medical, food and cash charity, following logic that governs traditional Islamic charity, or *zakat* where aid begins with those closest to the donor

and then extending to Islamic categories of needy: orphans, widows, and the elderly (Dickinson, 2014, p. 39).

It is evident that the international aid community dominates the humanitarian agenda in Jordan. Due to this dominance, national and local aid has been left out of critical conversations when they may have unique insight on how exactly humanitarian aid to Syrian refugees should be carried out given the changing nature of refugee displacement. Critiques of foreign paternalism has demanded the humanitarian sector look down to the foot of the aid pyramid-- towards localization, in humanitarian and development operations by partnering and building capacity of local-level aid organizations.

iii. Syrian Refugees and Healthcare Delivery in Jordan

Since the Syrian refugee crisis in Jordan has followed the trend of recent decades where crises have seen a shift in displaced populations seeking refuge in non-camp settings in middle-income countries, the humanitarian community had observed changes in the quality and quantity of health services able to be provided by Jordan's public healthcare system (IFRC, 2012). A report published by the *International Journal for Equity in Health* recognizes that, "the changing nature of displacement carries implications for equitable prioritization and provision of health care and other services for refugees," and moves to claim, "the protracted extent of Syrian refugees necessitates health responses focused on greater integration of refugees into Jordanian systems rather than the establishment of parallel systems of refugee assistance (Doocy, et. al., 2016, p. 2). However, since this report's calling for further integration of Syrian refugees into the Jordanian public healthcare system, the government of Jordan (GoJ) reversed its policy to provide free healthcare to Syrian refugees residing outside of camps as of November 2014 citing negative fiscal impact (Amnesty International, 2016).¹

Even prior to the reversal of the May 2012 GoJ cabinet decree for free public healthcare, investigations into the health needs of Syrians in Jordan found that the humanitarian response to the Syrian crisis and basic healthcare needs were not being met (Amnesty International, 2016) (Doocy, et. al., 2016) (Jordan REACH Initiative, 2014) (MoH, 2014). Surveys reveal care-

¹ The Government of Jordan reinstated subsidized healthcare to registered Syrian refugees as of November 2019.

seeking was high with 86.1% of households surveyed reporting an adult who sought medical care the last time it was needed and approximately half (51.5%) of services were sought from public sector facilities, 38.7% in private facilities and 9.8% in NGO facilities (Doocy, et. al., 2016). Cost was determined to be an important barrier to health service access for Syrian refugees at the time of the survey, but the cessation of free access to healthcare since the time these numbers were computed has likely lowered the number of Syrian refugees who seek medical care when needed.

The increased inaccessibility of healthcare and the deterioration of public health has shown social implications as well. A report published by REACH—a joint initiative between international NGOs to provide the GoJ with an assessment of healthcare-related tensions in Jordanian communities hosting Syrian refugees—found that a large proportion of the Jordanian and Syrian respondents in the survey had “heightened perceptions of tension at the time of assessment, with 57% of all respondents expressing that access to health care caused tension in their community” (Jordan REACH Initiative, 2014, p. 8). The surveys also indicate that both Jordanians (60%) and Syrians (39%) surveyed cited that overcrowded healthcare services were the main reason for healthcare-related social tension (Jordan REACH Initiative, 2014, p. 8).

The influx of Syrian refugees to Jordan has thus created a gap between Syrian refugee needs and services attainable, as well as tension between Syrians and Jordanians due to an overburdened public healthcare system. Changing lifestyles and aging populations in Jordan shifted the national disease burden towards increased non-infectious diseases including chronic conditions, co-morbidities, and injuries which are all more complicated and costly to manage. Additionally, the strain on health systems and rising costs in Jordan threaten the ability to ensure the health needs of both Syrian refugees and Jordanian populations are adequately met. While poor Jordanian citizens are consistently offered government subsidized public healthcare, healthcare policies for Syrian refugees are less stable. The GoJ’s repeal of its policy to provide free public healthcare to Syrian refugees, and then it’s recent reinstalment of the policy, signals that it is time to look for ways in which humanitarian organizations in Jordan might work to fill the gap.

C. Stratification of Organization Scales

The first and most important part of this analysis involves outlining the distinctions between the terms local, national, and international organizations. The major takeaway from the 2016 World Humanitarian Summit was the Grand Bargain Agreement, where concrete commitments by major international actors were made to provide more support and funding to local and national organizations. The Inter-Agency Standing Committee was formed to coordinate the Grand Bargain commitments and their first task was to develop a “localization marker”—or definition of what counted as ‘local.’ These were the results of the task force:

- Local NGOs/CSOs operate in a specific, geographical define, subnational area of an aid recipient country without affiliation to an international NGO/CSO.
- National NGOs/CSOs operate in multiple subnational regions of an aid recipient country without affiliation to an international NGO/CSO. (Peace Direct & Paige, 2020, p. 14)

Relying on these definitions to differentiate the local/national organizations from the international, the following organizations have been classified into local/national and international strata to simplify analysis and cross-comparisons.

Table 1: Stratification of Samples Organizations

Local & National	International
Jordan National Red Crescent Society	UNHCR ²
Jordan Health Aid Society	International Committee of the Red Cross (ICRC)
Noor Al-Hussein Foundation	Médecins Sans Frontières
Hayat Charity	Caritas Jordan
Souriyat Across Borders*	Syrian American Medical Society (SAMS)

² The UN High Commissioner on Refugees is an international inter-governmental organization—not an NGO or CSO.

This research will follow the lead of previous literature that groups national organizations into the local organization category in organization scale analysis in order to simplify cross-scale analysis. The definitions provided by the Grand Bargain Inter-Agency Standing Committee taskforce highlight the differences between local and national NGOs and CSOs by concluding the defining difference to be whether the organization conducts activities in one or more subnational regions of the home country and overall serves a helpful framework to separate local and national organizations from international organizations. The definitions are not perfect, for many organizations blur these lines, however this division of the organizations sampled for analysis also helps us think in terms of the current movement for international organization to transfer power over to local and national organizations in efforts to ‘localize’ aid. Additionally, note that the UNHCR is an international inter-governmental organization. The following analysis of UNHCR activity is separate from the classification of international non-governmental organizations even though the UNHCR has a history of working closely with both governments and non-governmental organizations.

D. A Snapshot of Sample Aid Organizations in Jordan

i. Local and National Organizations

The Jordan Red Crescent National Society is a part of the of the International Federation of Red Cross and Red Crescent Societies (IFRC), which is a global humanitarian organization. At face, JNRCS would be classified as an international organization because of its affiliation with IFRC. However, in interviews with aid workers at JNRCS, the interviewees asserted that JNRCS is more of a national organization rather than international because they solely operate in 7 subnational regions and lack the extensive resources of an international organization despite their conceptual affiliation with the IFRC.

JNRCS’s main project is the Community Based Health and First Aid program, followed by livelihood and cash assistance programs. CBHFA focuses on training and building capacity of volunteers who then transmit health-related education to local communities of Syrian refugees across the country. Additionally, the Amman-based headquarters of JNRCS is the home to the

Jordan Red Crescent Hospital—specifically commissioned to aid the Palestinian refugee community in Jordan in 1948. Since then, the Red Crescent Hospital has performed lifesaving surgeries and primary and secondary medical care to Iraqi and Syrian refugees, until the hospital lost funding in 2018 and then reopened in 2020 to support COVID-19 response in Amman. In an interview with a JNRCS staff member, the interviewee described an intense increase in the demand for health services by Syrian refugees following the Syrian civil war and the subsequent halt of subsidized healthcare to refugees by the Jordanian government:

I would say need has risen by a lot. Mainly because [Syrian refugees] can't afford it and there's just less places that they can access affordable health care. On top of that, like, every field visit we would go on we would get multiple people asking us, like, "my son doesn't have a wheelchair and he needs a wheelchair he can't walk," for example. (M. Miller, personal communication, March 6, 2021)

The interviewee moved on to describe their experience doing health interviews in 'temporary tent settlements' on the outskirts of Amman where most of the Syrian refugees settled.

If you go [to the tent settlements] they don't see doctors. They don't know about contraception or NCDs or stuff like that. They might have disabled children that they just don't know what to do with because they don't, you know, either they're far away from doctors or they can't afford it. Many can't even afford to send their children to school. So, there's a lot of need because a lot of those people would originally have been getting subsidized healthcare from the Jordanian government that they can't get now. They basically live day-to-day. (M. Miller, personal communication, March 6, 2021)

JNRCS does all of their program operations outside of the formal refugee camps in Jordan and the interviewee expressed some frustration with the UNHCR refugee system in place in Jordan—arguing that the UNHCR has all the funding but all of their efforts go towards official refugee camps where only a minority of Syrian refugees reside. This is due to the aid sector's western bias that results in uneven power dynamics that have led to UNHCR-dominated aid and local non-profits struggling to compete.

Jordan Health Aid Society (JHAS) is a national non-profit organization serving and supporting the local community in Jordan that provides humanitarian health services through

partner agreements with different United Nations agencies and other international agencies. Its mission is to provide high quality health care services for disadvantaged individuals and to build advocacy toward disease prevention and healthy living (Taleb, 2014). It is important to delineate agreements and partnership with international organizations versus affiliation with INGOs. The definition provided by the Grand Bargain taskforce would classify JHAS as a national organization. In JHAS's case, agreements with the UNHCR has allowed JHAS to provide primary healthcare and facilitate secondary healthcare to Syrian refugees in Jordan, which is different than direct affiliation with the UNHCR.

The established JHAS/UNHCR system is the only referral system for secondary healthcare for the Syrian refugees in Jordan. In an interview with ENN, Ruba Abu Taleb, the JHAS Nutrition Coordinator was asked, "has JHAS grown in size since the influx of Syrian refugees?"

Since 2009, JHAS has had a partnership agreement with UNHCR for the provision of primary and secondary health aid to Iraqi refugees in Jordan. However, in partnership and with continual technical support from UNHCR, JHAS staffing has increased significantly by several hundred in 2011 in order to respond adequately to the Syrian crisis. Even before Za'atari camp opened, Syrian had started to cross over into Jordan. Ever since the JHAS/UNHCR Syrian response program was launched, JHAS has provided primary healthcare via static and mobile clinics and facilitated referral for advanced medical care for Syrian refugees in Jordan. (Taleb, 2014)

The JHAS/UNHCR Syrian response program comprises of a central referral system for affiliated network hospitals. In practice, JHAS liaises with around 17 agencies working in primary healthcare seeking hospital case referrals. Under the UNHCR, JHAS provides primary, secondary, and tertiary healthcare services in 5 urban-setting static clinics in Amman, Ramtha, Zarqa, Mafraq, and Irbid, as well as one clinic in the Za'atari Refugee Camp (Taleb, 2014). The referral system operates according to UNHCR/JHAS guidelines/referral SoPs and the patient's eligibility criteria and the referral hub is available on call 24/7 for urban, and the Za'atari and Azraq refugee camps. In addition to Syrians, the referral system benefits other vulnerable persons from all nationalities, including Iraqis, Somalis, Sudanese and Yemenis in addition to

non-insured Jordanians (Taleb, 2014). Other JHAS health programs include reproductive health clinics, under the UN Population Fund and JHAS nutrition program under the UNHCR. The reproductive health program clinics operate in the Za'atari camp and the nutrition program operates in both the Za'atari camp and in urban settings (Taleb, 2014).

Noor Al-Hussein Foundation, named after the wife of King Hussein of Jordan, is non-profit, non-governmental organization founded by Royal Decree in 1985. Its mission is to facilitate lasting change in underprivileged communities by creating economic opportunities and building capacity for self-reliance. It provides diverse services for Jordanians, Iraqis, and Syrian refugees through the Institute of Family Health (IFH). Noor-Al-Hussein Foundation operates nationally and outside of the refugee camp system in Jordan. Its operations mainly target women to provide services in health care and prevention, ante and post-natal care, family planning, psychological, social and legal counseling services. The Foundation's services are not limited to Syrian refugees—poor Jordanians and Iraqis are well within the Foundation's realm of aid. The IFH specifically indicates their commitment to strengthening community resilience and development in alliance with Jordanian development goals, specifically SDG 2: ensuring healthy lives and promoting well-being for all ages (Phenix Center for Economic and Informatics Studies, 2017).

Hayat ("Life") is a small unregistered charity founded to respond to the Syrian crisis in Jordan. Kuwaiti donors rent space in several private hospitals for Syrian patients, covering everything from doctors' salaries to medical supplies and surgery costs. Elizabeth Dickinson writes about the unique nature of *Hayat*: "When Jordanian government cannot or will not pay, patients are sent here. But space is tight, and admissions depend on the donors knowing of—and accepting—a given case those accepted are usually 'in network.'" (Dickinson, 2014, p. 38). Many Syrians have come to rely on *wasta*, a common practice in Arab culture that prioritizes aid to those who one is socially and ideologically close to. Those "in network" go through a series of filters that evaluate the personal ties of the beneficiary and if they roughly fit the Jordan-based aid workers and the donor's ideal social and ideological profile (Dickinson, 2014, p. 38).

Across the Middle East, the United Nations is coordinating the largest operation in its history to help nearly 6.6 million registered refugees at a cost of 4.4 billion dollars in 2019 alone (United Nations, 2017). Dozens of international aid and local aid organizations—from Oxfam to Save the Children to Caritas Jordan—are running projects as a part of that effort. But on the side, hundreds, perhaps thousands, of start-up charities and regional donors have built parallel networks of aid, but, because of the unofficial nature of shadow aid, there is no data to quantify these efforts.

Souriyat (“female Syrians”) Across Borders and their subsidiary project “War Wounded” provides rehabilitation services to people disabled by the civil war, which has intentionally and aggressively targeted civilians. There are many disabled Syrians living in camps where some rehabilitation services are provided, but they must go to cities for surgeries and other complex treatments. However, afterward they are left with nowhere to go, no 24-hour care or outpatient services are available to them. There are potentially thousands of impaired refugees living without the care they need outside of refugee camps.

Mana Buosawi, is one of the five Arab women who cofounded the organization. In an interview, she describes her motivation to form *Souriyat*:

Me as a mother, as a housewife, I watch what was doing what's been doing... so what happened is that, when I watch what was done to the kids of my country, my people, the mothers losing their kids, the awful stuff that's been happening, I couldn't just keep watching. I wished there's something I can do. (Farley, 2017, p. 56)

For Manar, watching the terrible brutality of the war and suffering of refugees was too much. Like many, she vented her frustration on Facebook and her future colleagues encouraged each other to convert their anger into action by forming *Souriyat*. At the next available opportunity, they began looking for a way to make a real impact:

When we went to Za'atari camp we were very overwhelmed. Like this thing needs, not even like organization-- it needs countries, nations to take care of it. So, we said OK, this will not stop us. Let's help people outside the Za'atari camp. Well, we found out that wounded people are very vulnerable here because once they finish their surgeries they

are kicked out of the hospitals, and they end up in the streets if they don't find any place to go. (Farley, 2017, p. 57)

Manar and her colleagues first sought out the refugee camp to assist refugees in the existing infrastructure. Overwhelmed by the widescale coordination required to manage the camp, they pursued the alternative: to provide aid outside of the camp model. Manar visited hospitals and rehabilitation centers in urban areas to find that disabled people were being discharged from hospitals with no ongoing care.

Souriyat sourced funds from friends and family and has established a rehabilitation clinic in Amman that hosts 20 beds for men, 10 for women, and has numerous outpatients to aid disabled urban refugees. It operates as a foreign NGO registered in the UK, though all of its activities are in Jordan, and their foreign status inhibits their ability to fundraise locally. Despite these limitations, they continue to finance a stable operation, demonstrating the capacity for growth and knowledge sharing among other institutions. *Souriyat* also offers salaries to women to make crafts as a combined livelihoods and fundraising strategy and Manar uses her network to connect donors directly to refugees struggling to make rent (Farley, 2017).

ii. International Organizations

The United Nations High Commissioner for Refugees, or the UN Refugee Agency (UNHCR) is an intergovernmental agency mandated to aid and protect refugees, forcibly displaced communities, and stateless people and to assist in their voluntary repatriation, local integration or resettlement to a third country (United Nations High Commissioner for Refugees, 2019). As discussed in the refugee law and policy section, the 1998 Memorandum of Understanding (MoU) between the UNHCR and the Jordanian government is the basis of UNHCR activities in Jordan in the absence of any international or national legal refugee instruments in force in the country (UNHCR, 2014). MoU establishes the parameter for cooperation on providing protection and assistance to refugees and asylum-seekers. The UNHCR is responsible for the Za'atari and Azraq refugee camps as well as the registration of Syrian refugees with the government to provide the necessary paperwork that gives refugees access to government-subsidized healthcare and education (UNHCR, 2014).

The UNHCR's mandate from the United Nations positions the UNHCR as a leader in Jordan's humanitarian refugee regime. INGOs such as the international Rescue Committee (IRC), ActionAid International, Care International, Caritas, Catholic Relief Services, and hundreds more (UNHCR, n.d.). Partnership with private INGOs are based on partner NGOs commitment to the UNHCR mission and mandate. The UNHCR partners in Jordan are often allocated UNHCR funds and direction to operate programs in accordance with the UNHCR mission and the MoU in Jordan. In addition to day-to-day operations of the official refugee camps for Syrian refugees in Jordan, in coordination with partners, the UNHCR provides medical consultations and cash-assistance distributions to refugees in need of emergency care, as well as referrals of emergency cases from inside Za'atari and Azraq refugee camps to urban hospital for further treatment.

The International Committee of the Red Cross (ICRC) in Jordan assists Syrian refugees in Jordan serves as a key logistical, training, and fleet hub for ICRC operations in contribution to its humanitarian response in Jordan and in the Middle East region. Its main mission is to support families in armed conflict zones and promote compliance with international humanitarian law. In Jordan, the ICRC has a regional hub and two delegations, one in Mafraq and one in Amman. The ICRC interviewee generously describes the components of the ICRC in Jordan:

The way the delegations work is there's different departments. Okay, so you have a health department, you have what we call a protection department, and then we have a WATAB... The health department over the last year helped a lot with COVID response. So, getting all the hygienic items. (M. Miller, personal communication, Mar 11, 2021)

Specific program operations related to healthcare provision to Syrian refugees mainly involve medical training for medics assisting clinics in the Za'tari and Azraq refugee camps, as well as the transfer and delivery of medical supplies from ICRC supply facilities throughout the world.

The ICRC logistics hub in Jordan coordinates everything from medical to non-medical supplies, and medical supplies are anything from like medical, hospital equipment to medicine. The interviewee from the Jordan ICRC logistics hub expressed the ICRC's commitment to short-term conflict humanitarian relief by providing items and assistance to refugees coming from conflict areas by providing them materials they would need to "start their lives again." (M.

Miller, personal communication, Mar 11, 2021). When asked if there are points of contact between the ICRC and local organizations, the interviewee describes the ICRC as more of “an open canvas” where the ICRC educates local organizations, which include clinics or other NGOs on proper sanitary measures but not actually having ICRC doctors go into hospitals and helping victims of violence.

A notable point that the interviewee made was the importance of cash assistance programs generally, and by the ICRC.

Because of the reality that most Syrian refugees residing outside of camps and their inability to participate in Jordan’s formal labor market, you’re gonna hear a lot about cash assistance programs. They’re trying to take away this, like, giving, giving all these supplies, just all they want really is money, right? There’s this whole debate, like, are they going to use it for the wrong reasons? Or that you can use it for drugs and all that, but listen, if I’m a family, I’ve just lost everything. It’s not like I’m going to—I’m going to provide for my family. Right? I’m going to get that basic supplies to survive and pay for accommodation or healthcare or whatever else is needed. It gives them dignity and it’s a movement away from considering them as numbers. They deserve to have a life outside of devastation. (M. Miller, personal communications, Mar 11, 2021)

For the interviewee, cash assistance programs are a method of solving multiple problems at once while reinstating dignity to families whose lives have been uprooted. It acts an auxiliary for healthcare service by giving Syrian refugee families the means to pay for services independent of aid organization provisioned services.

The Syrian American Medical Society (SAMS) is a global relief organization with a mission to work on the frontlines of crisis relief in Syria and beyond to save lives and alleviate suffering (SAMS, n.d.). SAMS work in Syria, Turkey, Lebanon, and Jordan provides lifesaving services, revitalizes health systems, and promotes medical education via a network of humanitarians. SAMS operates a medical center inside the Za’atari refugee camp, providing emergency, dental, and radiology services to the camp’s residents. The center also operates a well-equipped pharmacy. All services and medications are provided free of charge. The SAMS

Foundation describes the purpose of the Za'atari medical center as to fill service gaps in the camp and offer tailored services to the beneficiaries in the camp.

In addition to the camp-based clinic, SAMS volunteers participate in medical missions to Jordan to support ongoing medical relief programs. These missions allow health workers of different medical backgrounds to volunteer to provide Syrian refugees and underserved local communities with much-needed specialized care.

Though these specialized medical missions, the Syrian American Medical Society seeks to fill the gap in secondary and tertiary healthcare for those who otherwise would be unable to access vital care due to the prohibitively high cost of specialized and surgical care. (SAMS, 2019, para. 4)

SAMS specialized medical services and missions include the Hearing Aid Medical Mission to Jordan, providing 114 young Syrian refugees with hearing aids and speech therapy services, and SAMS Innovative Transplant Program in Jordan to provide patients who need post-kidney transplant medications, laboratory assessment, and quarterly evaluation of general kidney status. Additionally, SAMS provides ongoing treatment to patients suffering from diabetic retinopathy, retinal detachment and hemorrhage.

Caritas Jordan (CJ) is a charity organization within the Catholic Church and a member of Caritas International that belongs to the Vatican with its head office in Rome. Caritas Jordan became registered under the Ministry of Social Affairs on June 15th, 1968 following the large influx of Palestinian refugees to Jordan following the 1967 war between Israel and the surrounding Arab states. Since its foundation, CJ has responded to humanitarian crises affecting Jordan such as the influx of Iraqi refugees during the Gulf Wars and since June 2011 CJ has been responding to the Syrian crisis in Jordan. CJ is active in 9 governorates through a network of 26 centers staffed by 400 staff members who are being supported by a network of over 3,000 volunteers (Caritas Jordan, 2020). CJ's stated mission is to "promote the integral human development of people, bringing emergency, relief aids, socio-economic empowerment, and socio-voluntary work to refugees and affected host communities' families in Jordan" (Caritas Jordan, 2020).

CJ sectors include Food and Basic Needs, Protection/Counselling, Health, Education, Shelter and WASH, Livelihoods, and Youth. The health sector is made up of 12 primary health

center across the country providing basic primary health care services, mother and child health care, chronic disease management, medical humanitarian assistance, health awareness and medication, all with a special emphasis on women, children and elderly besides referrals to secondary providers (Caritas Jordan, 2020). Respectively, the CJ Health Sector, CJ recognizes the Jordanian national health system's limited capacity to absorb increased demand and need of new patients caused by the Syrian refugee crisis. Therefore, CJ provides access to basic and emergency health care services to Syrian refugees and poor host communities with the aim to meet their health needs through its 12 health care centers and medical outreach teams spread throughout Jordan (Caritas Jordan, 2020). Additionally, other CJ sectors highlight the provision of cash assistance for basic needs and livelihood support to provide protection, health, and education support among other services to refugees of all nationalities (Caritas Jordan, 2020).

Médecins San Frontières (MSF) is an international medical humanitarian organization that provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare, guided by medical ethics and principles of impartiality, independence, and neutrality. In Jordan, MSF offers reconstructive surgery to war-wounded patients and healthcare to Syrian refugees and host communities in Ar Ramtha, Irbid, Amman, Mafraq, Za'atari Camp, and Magheer Al-Sirhan (MSF, 2019). MSF's reconstructive surgery hospital in Amman treats around 200 patients a month from Syria, Yemen, and Palestine and services include orthopedic, plastic and maxillofacial surgery, physiotherapy, mental health support and fitting prosthetics. Since 2016, MSF has been using 3D printing to create upper-limb prosthetic devices for patients (MSF, 2019). Two clinics in Irbid provide Syrians and vulnerable Jordanians with treatment for NCDs, a leading cause of death in the region. The Irbid teams offer medical and mental healthcare, home visits, psychosocial support, physiotherapy and health education to patients with diseases like diabetes and hypertension. In 2019, MSF carried out 3,720 individual and group mental health consultations (MSF, 2019). And from 2013 to 2019, MSF staff assisted 17,272 births, and admitted 2,779 newborns to the hospital for treatment (MSF, 2019).

International Medical Corps (IMC) is first responder medical humanitarian organization with a mission to deliver emergency medical and related services to those affected by conflict,

disaster, and disease. IMC in Jordan receives funding from UNHCR, UNICEF and ECHO to provide medical services in Azraq refugee camp. They run two primary healthcare clinics in Azraq that provide more than 24,000 consultations a month. In March 2018, IMC began providing healthcare services in Za'atari camp through a primary healthcare clinic and an emergency room operating 24/7 that provide 13,000 consultations per month. (IMC, 2017, para. 5).

Outside of the camps, IMC provides mental health and psychosocial support (MHPSS) in 15 urban areas. IMC's MHPSS program also trains Ministry of Health staff and other primary healthcare providers in MHPSS to "enhance resilience and improve the capacity of existing service providers while increasing access for refugees and host communities" (IMC, 2017, para. 5).

E. Patterns of Healthcare Aid to Syrian Refugees in Jordan

i. *Camp versus Urban Aid*

Catalyzed in large measure by the second Gulf War, which displaced hundreds of thousands of Iraqi through the Middle East, humanitarian and scholarly attention to urban refugees has grown over the past decade. As discussed previously, the Syrian refugee crisis has followed this trend. More Syrian refugees reside outside of Jordan and the UNHCR's camp-based model, which include the Za'atari and Azraq refugee camps in the north, This section will draw on the snapshots of the five local organizations and the five international organizations providing health aid to Syrian refugees in Jordan to look at how the sampled local and international aid organizations interact with the geographical division and the consequent health needs of camp-based and urban-based Syrian refugees in Jordan.

The Jordan National Red Crescent Society (JNRCS), the Noor Al-Hussein Foundation and their subsidiary Institute of Family Health (IFH), Hayat, and *Souriyat* Without Borders all exclusively operate outside the Za'atari and Azraq refugee camps to provide health aid and supplemental services like nutrition, housing, and cash assistance to Syrian refugees living in the major urban areas of Irbid, Amman, Mafraq and Zarqa.

Interviews with JNRCS representatives revealed volunteer-led surveys to identify where Syrian refugees were living in urban areas and specific conversations with refugees living in “temporary tent settlements” who required medical assistance but could not afford it or find it due to lack of funds and/or access (M. Miller, personal communication, Mar 6). The JNRCS hospital, when it was in operation years ago for emergency surgeries was available to UNHCR-registered camp refugees crossing the Syria-Jordan border, however since the hospital lost funding during renovations, the Red Crescent Hospital was closed until the COVID-19 pandemic hit the capital city of Amman. The Jordan Red Crescent hospital now treats patients of all nationalities in efforts to support Jordanian COVID-19 protection policies (ICRC, 2021

Noor Al-Hussein Foundation and the Institute for Family Health (معهد العناية بصحة الأسرة - مؤسسة نور الحسين) provides reduced fare and pro bono health services to poor Jordanians and Syrian, Iraqi, Yemeni, and Sudanese refugees who live outside of camps. With programs designed to provide the broadest reach to disadvantaged populations in Jordan, “integrated community development and economic empowerment,” services are aligned with Jordanian development goals and advocacy (Phenix Center for Economic and Informatics Studies, 2017). Although disaggregated data on nationality status of IFH beneficiaries could be found, the IFH claims to serve all disadvantaged people, which would include urban Syrian refugees. The mission to provide “broad services” is an indicator to why Noor Al-Hussein foundation operates outside of the Za’atari and Azraq camps, as they aim to reach a diversity of demographics that not only include Syrian refugees in need, but also disadvantaged Jordanians. As an organization founded by royal decree by the King and Queen of Jordan, Noor Al-Hussein Foundation exists as a unique organization that advances humanitarian interests under the name of a head of state that carries significant political weight.

The Jordan Health Aid Society (JHAS) closely coordinates with the UNHCR to operate according to UNHCR-led guidelines and SoPs and therefore their referral system mainly operates within the camp-based model for Syrian refugees in Jordan besides their five urban-setting static clinics in Amman, Ramtha, Zarqa, Mafraq, and Irbid that serve all underserved populations. The ENN interview with JHAS’s Nutrition Coordinator Ruba Abu Taleb, describes JHAS’s relationship with international organizations, namely the UNHCR:

Currently in Jordan there are many different agencies working and responding to the Syrian crisis. A challenging feature of the current situation is the rapidly increasing demand for health facilities and health workers themselves. Once JHAS and [UNHCR] agreed on unified working schemes, the challenges remained purely technical... International agencies acknowledge the fact that they have access to educated staff to work in Jordan. In many other countries, they have had to implement programs themselves but in Jordan they are able to participate in recruiting local key staff to oversee programs. (Taleb, 2014)

Following the lead of the UNHCR, The JHAS referral system has become the designated system for managing referrals from the Azraq camp and the JHAS nutrition program operates in both Za'atari camp and urban areas. And since JHAS is committed to following UNHCR SoPs, eligibility of potential beneficiaries are determined by official UNHCR refugee registration paperwork status.

Hayat departs from official refugee aid regime in Jordan that JNRCS, Noor Al-Hussein, and JHAS are a part of, and therefore can only be found outside of UNHCR-run camps in the shadows of urban areas. This system of unofficial aid is a subcategory of local aid—called 'shadow aid' or 'third-party aid,' which is one that operates outside the auspices of any government or official relief agency registered with Jordanian authorities (Dickinson, 2014). While UN-registered, mostly Western NGOs try to act on a level playing field, spreading benefits to as many needy as possible, Hayat favors a different approach: "assistance to refugees filtered on a tiered schedule based on religious and tribal connections to offer more intensive support to those in network" (Dickinsen, 2014, p. 37). Hayat recognizes that many urban refugee families run into trouble receiving the most basic goods from larger INGOs. Urban refugees are often mobile, searching for the best conditions, moving from town to town. If they move, they must re-register with the UNHCR if they wish to receive benefits provided under the Jordanian government and UNHCR MoU. Frustratingly, it can take weeks to renew UN paperwork, leaving families without health and education benefits and even with the benefits, Jordanian state medical care does not cover chronic conditions like hypertension and cancer.

Information about Hayat is transferred is distributed almost entirely through word of mouth. “Refugees are reached by different NGOs about how to have access to education, services, what are your rights,” claims Feda Gharaibeh, but there is not transparent or centralized system for finding out who is providing which services and where in urban areas. In lieu of a centralized information system, Syrians have come to rely social connections for aid, which is exactly of the sort that Hayat and other small, unofficial charities can provide (Dickinsen, 2014). Hayat’s direct line to medical care is funded by Kuwaiti donors that rent hospital beds and pay the salaries of doctors and surgeons to provide care to in-network Syrians. Unlike a large INGO that spreads basic services broadly and evenly, Hayat gives Syrians an opportunity to receive specialized and ongoing care. Hayat serves as an excellent example of ‘shadow aid’ or ‘third-party aid’ fueled by Arab traditions of *wasta*, social connections, and *zakat*, Islamic charity rather than official mission or mandate like NGOs operating within a camp-based model or otherwise.

Like Hayat, *Souriyat* Without Borders targets Syrian refugees who fly under the radar of UNHCR registration. *Souriyat*’s founder, Mana Buosawi, found herself at the Za’atari camp at the beginning of her mission to *do something* about the Syrian refugee crisis. She determined that camps were not places for small NGOs: “This thing needs, not even like organizations—it needs *countries, nations*” to run it (Farley, 2017, p. 57). But that did not stop her. Visits to hospitals and rehabilitation centers revealed to her that there was an urgent need for war wounded Syrian refugees. Disabled people were being discharged from hospitals without any follow-up care. She established *Souriyat* outside the existing infrastructure of camp-based medical care after she identified this *tangible need* of Syrian refugees without ongoing rehabilitation care.

The notion of *tangible need* that *Souriyat* represents proves to be similar to the activities carried out by Hayat. It defines their place outside of the camp-based model. Even without the extensive resources that an INGOs like Caritas or Médecins San Frontières have, *Souriyat* delivers rehabilitation services to wounded Syrians in need through crowd-sourced funding and a small network of donors made up by friends and family.

In a dramatic pivot, the UNHCR embodies something completely foreign to agencies like Hayat and *Souriyat*. Mandated by the United Nations itself and bound to the 1998 MoU between the UNHCR and the Jordanian Government, the UNHCR leads Jordan's refugee response. All official refugee registration is administered by the UNHCR as well as both the Za'atari and Azraq camps. Additionally, due to their powerful status as a global institution with billions of dollars to dedicate to refugee aid, the UNHCR has taken up the duty to partner with other INGOs and local NGOs like JHAS to carry out its official mandate. The camp-based model in Jordan is upheld by the UNHCR, and despite their efforts to recognize the need of refugees outside the camp model, the UNHCR offers minimal concrete measures to address this need.

The International Committee of the Red Cross (ICRC) and their health-related aid projects largely adhere to the traditional UNHCR camp-based model by providing medical and non-medical supplies and training to clinics in the Za'atari and Azraq refugee camps as needed. They played a major part in providing hygienic supplies to camps during the ongoing COVID-19 pandemic, exemplifying their role as an agency with a mission to respond to short-term conflict and disaster. Apart from the transportation of supplies, the ICRC conducts cash assistance programs for urban refugees as means for refugees to pay for necessities which could include healthcare, housing, education, and food. In interviews with the ICRC representative, cash assistance was defended to be a proper program to address the variety of needs of urban Syrian refugees in Jordan.

The International Medical Corps (IMC) as a partner to the UNHCR and funded by UNHCR, UNICEF, and ECHO, provides emergency medical services and primary healthcare to Syrian refugees exclusively in the Azraq camp and primary healthcare to residents of the Za'atari camp. IMC's MHPSS program, which does not receive funding from the UNHCR, operates outside of camps in 15 urban areas to provide to all underserved people in need of mental health and psychosocial support.

The Syrian American Medical Society (SAMS) and Médecins San Frontières (MSF) both operate inside and out of the refugee camps to provide general healthcare and specialized health services. Camp-based aid by SAMS and MSF supplement health care that are already present in the Za'atari and Azraq camps by offering medical training, emergency, surgery,

dental and radiology services. Outside of camps, SAMS and MSF offer the most specialized services compared to the other sampled local and international organizations. Thousands of medical consultations a month are reported by both SAMS and MSF, demonstrating high demand for specialized services outside of camps.

Caritas Jordan's establishment in Jordan in 1968 as a result of the Palestinian refugee influx makes CJ familiar with the medical needs of urban refugees in Jordan. Their continued presence across the country as well as their emphasis on promoting "the integral human development of people" among refugees and Jordanian host communities' positions CJ as an organization willing to operate outside of the UNHCR and the Jordanian government's camp-based model.

CJ's commitment to urban aid resembles the sentiments of addressing *tangible need* expressed by the smaller, local organizations Hayat and *Souriyat*. In annual reports, CJ emphatically characterizes the Jordanian national health system's as one of limited capacity that can not absorb the increased demand caused by the refugee crisis (Caritas Jordan, 2020). CJ's role as a supplement to the Jordanian health system is aimed at closing those service gaps in urban settings, with special emphasis on women, children, and elderly aid.

ii. Specialized Medical Services

Refugees often have complex medical issues including physical injuries and psychological trauma and in host countries, refugees face poor housing and sanitary environments, difficult labor conditions, inadequate nutrition, and inaccessible medical care. The most prevalent ailments of Syrian refugees are skin, digestive system, and respiratory diseases as well as trauma-related mental and psychiatric disorders (Saleh et al., 2018). In addition, as a lower-middle-income country with a stable middle class, many Syrians have chronic health conditions including hypertension, diabetes, and cancer, which require more specialized medical care (Saleh et al., 2018). Specialized medical services are usually carried out by a medical professional whose practice is limited to a particular area, such as a branch of medicine, surgery, or nursing. These services include procedures often classified under tertiary health care such as treatment of chronic diseases, transplants, and prosthetics; and do not include

referral systems, primary health care, or preventative education programs. The need and provision of specialized medical care by humanitarian aid organizations is particularly important because of its high cost and the fact that under the Jordanian healthcare policy for Syrian refugees, specialized care is not covered. This section will look for the provision of specialized medical services by the 10 sampled local and international organizations to determine what types of organizations at scale are able to fill the needs gap of specialized services among Syrian refugees in Jordan.

SAMS is the only organization in this project's pool of sample organizations has a designated program dedicated to providing specialized medical services. SAMS's specialized medical missions allow health workers of different medical backgrounds to volunteer to provide Syrian refugees and underserved local communities with the specialized care they need. In the past, these missions have included the Hearing Aid mission that provides young refugees and Jordanians with hearing aids and speech therapy, and the Innovative Transplant program that provides post-op kidney transplant patients with medications, laboratory assessments, and ongoing evaluation of general kidney function. Recognizing that specialized services have a prohibitively high cost, SAMS's specialized medical missions "seeks to fill the gap in secondary and tertiary healthcare" for those who would otherwise but unable to access it. (SAMS, 2019, para. 4). MSF and Caritas Jordan also has the capability to carry out specialized medical services, although these operations are not designated to a program itself. Reconstructive surgery to war wounded refugees and orthopedic, plastic, physiotherapy, prosthetics, and chronic disease management services are available to urban Syrian refugees or referred camp-based refugees at the MSF hospital in Amman or the 12 Caritas clinics dispersed throughout the country.

SAMS, MSF, and Caritas are international organizations that have sufficient economic and personnel resources to provide direct specialized medical services to Syrian refugees from camps through a referral system, or urban areas. Alternatively, local organizations Noor Al-Hussein Foundation and Hayat do not directly supply specialized medical care, but they do provide Syrian refugees with the means to access specialized services to treat chronic conditions and obtain surgeries. The Foundation covers the healthcare costs for underserved

Syrians and Jordanians that require care and Hayat's charitable donors rent hospital beds and hire doctors to provide specialized care for Syrian refugees in their network. In the past, the Jordan Red Crescent hospital in Amman could provide specialized surgeries to urban and camp-based Syrian refugee patients, as it did for Palestinian refugees and Iraqi refugees, however since then it has confronted issues with staffing and funding which led to its closure.

iii. Supplemental Development-Oriented Aid: Cash Assistance & Periphery Beneficiaries

Evidence of 'cash assistance' programs emerged during the research process among both local and international organizations. JNRCS, Noor Al-Hussein, the UNHCR, ICRC, and Caritas each identified cash assistance as a method to build resilience among Syrian refugee beneficiaries in addition health-related aid. This is an indication that healthcare aid is not enough. Syrian refugee's non-citizen status prevents Syrian adults from participating in the formal labor market, exacerbating poverty levels and inaccessibility to healthcare. Cash provided to Syrian refugees by humanitarian organizations is left up to the individual on how to spend it, potentially covering public or private health care costs in addition to education, food, clothing, and housing. The interviewee from the ICRC elaborated on the aid sector's cash assistance philosophy:

There's this whole debate, like, are they going to use it for the wrong reasons? Or that you can use it for drugs and all that, but listen, if I'm a family, I've just lost everything. It's not like I'm going to—I'm going to provide for my family. Right? I'm going to get that basic supplies to survive and pay for accommodation or healthcare or whatever else is needed. It gives them dignity and it's a movement away from considering them as numbers. They deserve to have a life outside of devastation. (M. Miller, personal communication, Mar 11, 2021)

And an interviewee from JNRCS noted:

Cash assistance is people centered. It puts an end to aid being limited to items and services that JNRC can deliver and gives people the independence to spend the cash on what they need most. It also means dignity. They have the option to buy things they need in a shop rather than waiting in a line for charity goods. It gives the recipients a

sense of normalcy that has been lacking from their lives due to displacement. (M. Miller, personal communication, Mar 8, 2021).

In addition to reviving dignity among affected communities, cash assistance also has the potential to stimulate local economies—a developmental benefit to Jordan who has struggled since the 2008 recession. Syrian refugees stimulating local economies has the added benefit by promoting social cohesion and integration in the host country, relieving tensions between refugees and locals. It also appears that organizations at the local and international level have the capability to carry out cash assistance programs because it does not require specialized training and it is relatively easy to administer with minimal resources.

JNRCS, the ICRC, the Noor Al-Hussein Foundation and Caritas Jordan not only offer cash assistance to Syrian refugees, but also to underprivileged Jordanian citizens in a broader effort to support socio-economic development in Jordan as a whole. The Noor Al-Hussein Foundation operates a cash assistance program as well as a microfinance program for women business owners. And Caritas Jordan offers monthly cash assistance to orphans, widows, families of prisoners, and divorcees as well as emergency cash assistance to target vulnerable groups that require money to cover urgent expenses like rent, electricity, bills, loans, and completion of government documents (Caritas Jordan, 2021).

This section refers to the provision of aid services by humanitarian agencies to a social group other than Syrian refugees as *periphery beneficiaries*. These beneficiaries in Jordan are usually poor Jordanians, Iraqis, Palestinians and Yemenis that suffer from similar needs as Syrian refugees in Jordan but often are excluded from the formal refugee aid regime. As discussed above, JNRCS, the Noor Al-Hussein Foundation, and Caritas Jordan include periphery beneficiaries in their cash assistance programs to support Jordanian socio-economic development. Several of the sampled organizations provide medical aid to periphery beneficiaries, too.

JNRCS, JHAS, Noor Al-Hussein, SAMS, Caritas Jordan, and IMC each have specific health aid programs that provided healthcare funds or services for Syrian refugees and periphery beneficiaries. Smaller agencies like Hayat and *Souriyat* have not engaged with periphery communities, probably due to their internal capacity and limited resources to do so. Local and

international aid organizations' engagement with local host Jordanians and other vulnerable groups is both humanitarian action and global development work—akin to the calls to action expressed in the 2016 World Humanitarian Summit to “bridge the humanitarian-development divide” in pursuit of the humanitarian agenda and sustainable development goals.

IV. Discussion & Results

“The refugee crisis in urban areas is far less visible, but no less serious, than in the refugee camps.” -- Geoffery Dennis, chief executive of CARE International UK.

A. A Flawed Camp-based Model

Jordan's current refugee laws and policy contributes to the stratification of local and international aid sectors into separate geographic areas, and therefore the perceived “visibility” of the Syrian refugee crisis in urban areas. The Jordanian government's claim that Syrian refugees contribute to urban congestion and increase labor market competition, has led to the Jordanian government insisting that refugees be diverted to camps, which the UNHCR had also suggested due to overcrowding at government reception centers. Consequently, the government now aggressively pursues this encampment policy.

A close look into the aid activity and beneficiaries of five local and five international organizations reveals the role that each category of organization plays in Jordan's refugee regime. The international organizations prefer camp-based healthcare aid, while local organizations have found significant need in urban areas and therefore choose to act there. While there is some overlap, such as JHAS's referral system in the Za'atari camp and SAMS medical missions in urban areas, it is clear that the INGOs samples each have exclusive programs dedicated to camp-based refugees and local organizations overwhelmingly participate in the urban refugee aid regime.

The camp-based model that Jordan and the UNHCR pursue under the MoU is outdated. The robust programs of local aid organizations to non-camp setting refugees indicates significant need outside of camps, and these local NGOs are attempting to close health service gaps while many powerful INGOs are guided to camps by the UNHCR.

B. Tangible Need & Localization

Unofficial organizations, or ‘shadow aid’ organizations are small grassroots charities, like Hayat, that are not registered with the government. In addition to the unofficial local aid, there are official NGOs that provide services to local communities where the organization is headquartered. Both of these kinds of “local” organizations specialize in serving non-camp settings because they provide services based on *tangible need* rather than by, say, an official UNHCR mandate or organizational mission. These local agencies are largely driven by cultural norms such as *wasta* and *zakat*. Despite their smaller size and locality, health aid by the local organizations represented in this project prove to be avid actors in filling health services needs gap in Jordan, aside from specialized medical services.

International organizations largely represent the formal refugee regime in Jordan and are the organizations that the 2016 World Humanitarian Summit called to action to shift power over to local institutions and agencies. International organizations providing aid are most vulnerable to western bias due to their ties to western liberalism and western-based funding. And lastly, because of these organization’s large resources, they are able to carry out a broader variety of programs to supplement healthcare aid and work towards development goals and sustainability of impact. There are little signs of the sampled INGOs shifting power to local actors— instead they are isolating many services and resources from the majority of the refugee population that resides in urban areas. Local organizations work and live in the same areas in which a crisis unfolds. The idea that the urban refugee crisis in Jordan is not visible is wrong, many local organizations have a clear view of the tangible need outside of camps while INGOs purport a camp-based model that works against localization.

C. Humanitarianism & Development

The Syrian refugee crisis has hit the 10-year mark, cementing its place in history as an unexpectedly protracted humanitarian crisis. Humanitarian organizations that usually apply a with a short-term, band-aid fix approach to crises have been thrown for a loop. The refugee

regime has had to rethink what it means to provide aid *and* socio-economic development in the face of prolonged crises.

Organizations operating in Jordan at both the local and international scale have outlined some key tactics that bridge the humanitarian-development divide by providing means to alleviate suffering and invest in human dignity. Cash assistance programs have been on the front lines for organizations that recognize the intersection of development needs and humanitarian needs in order to foster social cohesion and sustainable independence of Syrian refugees in Jordan.

V. Recommendations

1. International organizations and the UNHCR should increase partnerships with local aid organizations serving exclusively urban refugee populations in order to to improve local organizational funding stability and expand existent capacity in healthcare aid in accordance with localization goals set out in the Grand Bargain.
2. In addition to healthcare aid, organizations at all scales out to embed developmental techniques like cash assistance and service to periphery beneficiaries into their humanitarian agenda as an effort to “bridge the humanitarian-development divide.”

VI. Conclusion

The stratification of Syrian refugees into camps and urban settings in Jordan has impacted the methods in which healthcare aid is delivered by various scales of humanitarian organizations at the local/national and international levels. In an urban environment, more effective linkages between refugee relief and development funding and programs are essential to addressing the healthcare needs of Syrian refugees in Jordan. While the Jordanian government pursues a camp-based refugee model, it is necessary for international organizations and the UNHCR to learn from both unofficial and official local organizations’ aid model to address the health needs of the of Syrian refugees residing outside of camps. Local healthcare aid organizations are able to address tangible need among refugee communities outside of camp boundaries. As the nature of conflict changes, and refugees are displaced for

extended periods of time, the *modus operandi* of traditional humanitarian healthcare work must change to bridge the humanitarian-development divide and support global sustainable development goals.

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Appendix 1: Interview Questions

What is/was your role at [insert organization]?

What are some examples of projects that [insert organization] does related to healthcare for Syrian refugees in Jordan?

Has [insert organization] seen an increase in the numbers of urban refugees seeking health services since November 2014 when the Jordanian government reversed its policy of allowing Syrians access to healthcare services for free?

Why is healthcare aid to Syrian refugees in Jordan important? Humanitarian reasons?
Developmental reasons?

What challenges does [insert organization] face in their efforts to provide healthcare aid to Syrian refugees?

How do humanitarian aid projects at [insert organization] contribute to development goals in Jordan?

To what extent does [insert organization] partner with international organizations and/or Jordanian national or local humanitarian organizations?

What features of [insert organization]'s organizational design (i.e. Research arms, recruiting, capacity development programs, etc.) allow for partnering with international/national and/or local organizations?

What do you think are the strengths and weakness of [insert organization] compared to [local/national/international] humanitarian aid organizations?

What are the challenges that [insert organization] faces when partnering with [local/national/international] aid organizations to provide healthcare aid to Syrian refugees in Jordan?

What are the benefits of [insert organization] in partnering with [international/national/local] aid organizations to provide healthcare aid to Syrian refugees in Jordan?